

**Independent Citizens Redistricting Commission**  
Application Review and Quality Control Sheet

|   |   |
|---|---|
| Applicant Name: <u>Benjamin Paschal Haley</u>                                 |   |
| Date Received: <u>2/19/13</u>   | Applicant Number: <u>10261</u>  |
| Recommended Applicant Pool Status:  | Final Applicant Pool Status:  |
| <input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed | <input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed |

**REQUIREMENTS:**

1. Was the application received before the submission deadline? ☒ Yes ☐ No

*If NO, list time/date application was received: \_\_\_\_\_*

2. Is the application complete? ☒ Yes ☐ No

*If NO, list the item(s) that need to be completed:*

3. Indicate how the applicant responded to the following questions:

- A. Student enrolled in a college/university in the City of Austin? ☐ Yes ☒ No

*If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:*

- i. Reside in the City of Austin? ☒ Yes ☐ No

- ii. Registered to vote in the City of Austin? ☒ Yes ☐ No

- iii. Continuously registered to vote in the City of Austin? ☒ Yes ☐ No

- iv. Voted in 3 of the last 5 City of Austin general elections? ☒ Yes ☐ No

- ❖ **Follow-up needed related to REQUIREMENTS?** ☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

**Independent Citizens Redistricting Commission**  
Application Review and Quality Control Sheet

**CONFLICTS OF INTEREST:**

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

*If YES, indicate which question(s):*

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

**CONSISTENCY:**

5. Are applicant answers consistent?

☒ Yes ☐ No

*If NO, indicate which answer(s):*

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

|  |                                |
|--|--------------------------------|
| Application Reviewed By: <u>BL</u>           | Review Date: <u>2/20/13</u>    |
| Quality Control Review By: <u>JRH</u>        | QC Review Date: <u>2/26/13</u> |
| Follow-up Contact(s) Reviewed By: <u>N/A</u> | Date: _____                    |